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Regional implementation of the Madrid International Plan of Action on Ageing, 2002

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Commission for Social Development at its forty-sixth session the report of the regional commissions submitted in response to Commission resolution 45/1, entitled "Modalities for the first review and appraisal of the Madrid International Plan of Action on Ageing, 2002".

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Summary

The present report is submitted by the regional commissions in response to Commission for Social Development resolution 45/1 in which the Commission requested all regional commissions to forward their findings of the first regional review and appraisal of the Madrid International Plan of Action on Ageing, along with identified priorities for future action regarding its implementation, to the Commission at its forty-sixth session in 2008. The report provides regional perspectives on the activities related to the implementation of the Madrid Plan of Action and underlines the enormous challenges that persist for the ageing population in the regions. Future priority actions at the regional level to respond to the challenges and opportunities of the ageing process will have to be tailored to each region, taking into account needs and circumstances and the differing nature of the process of ageing at the regional and subregional levels. The report offers a number of recommendations for consideration by the Commission for Social Development.

Report of the regional commissions on the implementation of the Madrid International Plan of Action on Ageing, 2002

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I. Introduction

1. In its resolution 45/1, the Commission for Social Development requested the regional commissions to forward their findings of the first review and appraisal of the Madrid International Plan of Action on Ageing, along with identified priorities for future action regarding the regional implementation of the Plan, to the Commission at its forty-sixth session in 2008. Submitted in response to that request, the present report is intended to facilitate the analysis of the progress made in the regions and the challenges encountered in the implementation of the recommendations set forth in the Madrid Plan of Action.

2. The report is based on the information provided by the Economic Commission for Africa (ECA), the Economic Commission for Europe (ECE), the Economic Commission for Latin America and the Caribbean (ECLAC), the Economic and Social Commission for Asia and the Pacific (ESCAP) and the Economic and Social Commission for Western Asia (ESCWA). It provides information on the actions taken to implement the Madrid Plan of Action, both by member States at the national level and by the regional commissions.

3. The findings of the report provide evidence that, in developing countries, ageing issues appear to be only recently included in national policy planning. In addition, enormous challenges persist for the ageing population in the regions, according to the specific economic, social and cultural context. In consequence, future actions for the implementation of the Madrid Plan of Action at the regional level will be heterogeneous, taking into account the differing nature of the process of ageing at the regional and subregional levels.

4. All countries are experiencing changes in the age distribution of their population. However, regional differentials in ageing are substantial, considering that countries are at different stages of demographic transition and that their socio-economic conditions vary. In Africa, 41 per cent of the population is under 15 years of age, and the proportion of older persons, those aged 60 years or over, is only 5 per cent. In Asia 27 per cent of the population is younger than 15 and 9.6 per cent of the total population are older persons. In Latin America and the Caribbean, 29 per cent of the population is younger than 15 years old and persons aged 60 years or older account for 9 per cent of the total population. Conversely, in Oceania only 14 per cent of the population is younger than 15 years of age while nearly one quarter (24 per cent) of the population are older persons. Similarly, in Europe the population younger than 15 years represents 16 per cent of the total population and older persons represent 21 per cent. The rate of ageing therefore varies across the regions. The ageing population increases by 3.4 per cent a year in Latin America and the Caribbean, 1.2 per cent in Europe, 3 per cent in Asia and Oceania, and 2.8 per cent in Africa.[1]

5. Although the population in Africa, Asia, Latin America and the Caribbean and Oceania is significantly younger than in Europe and North America, it is projected to be ageing faster. This requires that adjustment to demographic change starts at an early stage. Moreover, rapid ageing in these regions is taking place at lower levels of socio-economic development than was the case in Europe in the twentieth century. Such rapid growth in the number of older persons will require major

[1] *World Population Ageing 2007* (United Nations publication, Sales No. E.07.XIII.5).

economic and social adjustments in most countries. Governments will have to respond to these new challenges with appropriate policies and programmes that address the needs of society as a whole. This implies changes in perspectives as regards social protection, human rights and social cohesion. It also points to modifications in intergenerational relationships.

6. The recommendations contained in the present report reaffirm the findings of other United Nations specialized reports on ageing and confirm the need to strengthen regional cooperation in order to support the capacities of member States to implement the Madrid International Plan of Action on Ageing.

II. First round of the regional review and appraisal of the Madrid International Plan of Action on Ageing

7. The progress made in the implementation of the Madrid Plan of Action has been heterogeneous at the regional and subregional levels, in accordance with the different demographic, economic and social characteristics of the area in question. The information available provides evidence that efforts have been made throughout the world to improve social protection and health care for the older population, although through different approaches. While Europe is advancing towards the fourth pillar[2] of social protection (i.e., social services for dependent persons) the efforts in other regions have been focused on improving and amplifying health and social security coverage and decreasing the gaps associated with poverty through the life cycle. Additional progress has been achieved across the regions in creating and strengthening the mechanisms for the implementation of the Madrid Plan of Action. Several member States have generated new, or have modified existing legislation in order to prevent age discrimination and provide protection of the rights of older persons. Noteworthy changes in the institutional framework include new partnerships among Governments, civil society and non-governmental organizations to address ageing concerns. Most countries report the increasing development of plans and policies to address the specific needs of older persons, in line with the recommendations identified in the Plan of Action.

8. More data and research are needed to enable an understanding of the consequences and implications of population ageing on development, social security schemes, employment and health-care services in countries. Although some European countries have collected information on the phenomenon, many others unfortunately lack the capability to do so. Something similar occurs in terms of strengthening technical capabilities. Whereas there have been some efforts made by countries in this area, the majority of member States continue to need more systematic and multilateral training and the exchange of experience across countries and regions.

9. In sum, regions across the world are committed to implementing the Madrid Plan of Action; more interregional cooperation is, however required. On the one hand, countries in the developing regions with a lower proportion of older persons may benefit from the practices of those countries in which ageing has been a phenomenon of longer duration. On the other hand, developed countries need to

[2] The three pillars of social protection policy include: social inclusion, pensions and health and long-term care.

understand the interdependence between global issues and ageing, such as the implications of migration among regions and its effects insofar as preserving economic competitiveness.

A. Older persons and development

10. Poverty is the primary threat to development and social integration. In the case of older persons, poverty is linked to illiteracy, bad health and malnutrition. From this perspective, social and economic protection schemes are essential to enhancing the welfare of older persons. Also, social security systems are crucial to enabling older persons to attain and maintain independent living with dignity, under conditions of equality with other generations.

11. The information available confirms that providing income to older persons is a priority intervention for the implementation of the Madrid Plan of Action. To ensure the financial sustainability of social protection systems and pension schemes, a large number of European countries have reformed their pension systems and increased the official retirement age. In the other regions, efforts have been focused on reducing the number of older persons in situations of poverty and in expanding the coverage of social protection systems, to include persons at risk of losing their income in old age. The mechanisms of intervention to provide income security are similar across the regions; however, the modalities of implementation vary, according to the level of well-being in each country, the characteristics of the labour market, the role of the State as regulator, and the conditions of access to social protection and pension schemes.

12. Since many countries in the ECE region struggle with under-financed pay-as-you-go (PAYG) systems, the majority of measures taken have been geared towards the adjustment of public pension plans. Twelve member States of ECE have initiated or completed comprehensive reforms of their pension systems since 2002. These reforms focus primarily on the adjustment of public pension plans, often referred to as the first pillar of a pension system.

13. Across the countries of Latin America and the Caribbean, the situation is linked to the different levels of consolidation of the social security systems. Important new developments have taken place in terms of non-contributory pensions in Brazil and Mexico. In the latter, older persons from Mexico City and, after 2007, from rural areas, have access to a non-contributory pension. Aruba and Trinidad and Tobago have also established an old-age pension system that is designed to guarantee a minimum income to senior citizens. In addition, in Brazil, Chile, Colombia and Panama, cash transfer programmes have been expanded in recent years to include older persons (although in most cases indirectly). However, cash transfer programmes focused specifically on older persons in situations of poverty are still lacking as part of pension reforms in much of the region.

14. Indeed, some countries in the Asian and Pacific region seek to provide social security coverage through social pensions and cash allowances to persons in the informal sector. China implements a scheme, known as the Rural Five Guarantee Scheme, to secure food, clothing, shelter, medical care and funeral expenses, with the benefits distributed through collectives. In Malaysia, the national policy for older persons uses a means-tested approach to the provision of social security. Other means-tested programmes exist in Bangladesh, India, Sri Lanka, Thailand and

Viet Nam. A number of local governments in the Philippines provide pension schemes, although they are limited in coverage when compared to those in other countries. The Government of the Philippines is, however, studying the feasibility of introducing a conditional cash transfer programme with the support of the World Bank. Indonesia provides direct cash assistance in the six most populated provinces in the country. Nepal, by contrast, operates a universal pension scheme that covers anyone over 75 years of age. However, strong social security and safety nets are not the norm in the Asian and Pacific region, but rather the exception.

15. To promote the productive capacity of older workers in the labour market, a large number of ECE countries reported on progress made towards labour market reform, six of them explicitly indicating this field as a priority area. Member States of the European Union are committed to the Lisbon targets.[3] Most European countries deploy a policy mix that involves both employers and employees and aims to increase employment rates and extend working life. During the reporting period, some ECE member States have increased the official retirement age and are working towards making retirement more flexible and gradual. Moreover, some Asian and Pacific Governments, such as those of Hong Kong (China), Japan and Singapore, prioritize the promotion and provision of opportunities for continuing education and the retention of mature workers beyond the compulsory retirement age. A number of countries with a lower rate of social protection and pension scheme coverage, such as El Salvador, Honduras, Mexico and Peru, have been implementing programmes in support of the employment of older persons through their incorporation in microenterprises and the availability of microcredit and grants.

16. To promote productive ageing, some countries in the ESCWA region, principally Egypt and Qatar, have initiated projects with prizes for older persons who continue to work productively. Within that context, the Supreme Council for Family Affairs in Qatar is implementing a multi-purpose project for older people aimed at: (a) building the capacity of participating older persons; (b) creating opportunities for them to continue to be productive by training young students in relevant fields; (c) enhancing intergenerational interaction; and (d) securing financial benefits to participating older persons.

B. Advancing health and well-being into old age

17. The relationship between epidemiological and demographic transition is reciprocal and has implications for the health conditions of the population and on the extent of the demand for health care. The ageing of the population entails a shift from a predominance of infectious diseases and high maternal and child mortality to that of non-communicable diseases at older ages, particularly chronic diseases.[4] As a result, as the population ages there is an increasing need to deal with diseases that are more costly to treat, degenerative and difficult to control.

18. Health and well-being in old age varies widely among regions, and within them. As noted above, in developed countries, demographic and epidemiological

[3] The Lisbon strategy is based on a partnership between the European Community and its member States. It sets out a series of ambitious returns with the general objective of stimulating growth and jobs and of sustaining the European social model.

[4] *World Economic and Social Survey 2007: Development in an Ageing World* (United Nations publication, Sales No. E.07.II.C.1).

transitions have taken place over a longer period of time than in developing countries. As well, the ageing process took place after substantial improvements in the quality of life, a reduction in social and economic disparities and an increase in access to health care. In developing countries, the transitions are taking place in the context of fragile socio-economic conditions, a high poverty rate and increasing inequalities in health coverage.

19. Most countries in all regions have started to integrate ageing-related issues into health policies. Some policies focus on improving access to health services for those who are excluded or who suffer from unequal access to health care, for any reason. Other policies support the rapid expansion of the demand for health care among older persons through training of medical personnel and adaptation of infrastructure and equipment. Particular attention has been paid to primary health care, which constitutes the first level of public health services. As well, home-based health care has recently received much attention as an alternative means of increasing autonomy among older persons.

20. With this in mind, ECE countries have developed five main areas of action for the provision of health care and advancing well-being into old age, and several countries in the ESCAP region are in the process of implementing health sector reforms to ensure health-care coverage. In ECE member States, this involves the better provision of health care to rural areas, poor persons and those from linguistic and cultural minorities. This can involve mobile clinics for sparsely populated areas and specific programmes to overcome linguistic and cultural barriers. One country goes as far as guaranteeing health care for older persons while some others are waiving co-payments for medical care for the poor.

21. In Latin America, Colombia and Chile have set up a solidarity fund to offer public health-care coverage to those not covered by an employer or retiree-based programme. In the Caribbean, Jamaica has set up medication pools to provide packages of free medications to older persons suffering from chronic diseases; Belize and Aruba are offering home-based health care for older persons. However, the vast majority of older persons in Latin America and the Caribbean lack access to health care, particularly those from low-income households. Several countries have included geriatric care as part of their primary health-care programmes; several others are providing explicit guarantees for coverage of chronic-degenerative diseases under insurance programmes. Bolivia, Colombia and the government of the Federal District of Mexico City grant special social health insurance to older persons. In addition, most countries are implementing mass flu vaccination campaigns, financed by public or international funds with the view to reducing mortality in older people.

22. Available information indicates that some countries or areas in the ESCAP region, such as Hong Kong (China), Japan, Malaysia and Singapore, had achieved, or nearly achieved, universal coverage by providing a comprehensive health-service package employing tax-funded or social health insurance mechanisms. Many other countries in the region were, however, struggling to achieve the goal of universal health-care coverage, encountering high out-of-pocket expenditures on health care and poor health outcomes. Focus group research indicates that a large number of those lacking affordable access to basic health care in these countries are older persons. Many Asian and Pacific countries have prioritized the development of community-based services by funding non-governmental organizations to provide

basic care services to older persons. Countries such as Bangladesh, India, Indonesia, Sri Lanka and Thailand implement community services that encourage older persons to enhance their activities in daily living (ADL) and instrumental activities in daily living (IADL).

23. In many ESCWA countries, there has been an increase in the number of specialized, health-related centres, units and shelter homes and specialized medical personnel, and an expansion in capacity and provisions, assistive medical aids and medication and other relevant services. Concerned Arab officials thus tend not to increase the number of specialized centres for older persons, but rather improve the services provided by the existing centres. A number of countries have established day centres for older persons, including Egypt, Jordan and Lebanon. Moreover, a number of countries, including Bahrain, Oman and Saudi Arabia, have established mobile units, that is, mobile clinics which provide health and other services to the older persons living with their families. Using such mobile units, social workers have direct contact with older persons in their own home or at the community centre.

24. The Madrid Plan of Action calls for the expansion of educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and an increase in educational programmes on health and older persons for those working in the social services sector. With international cooperation and national support, geriatric and gerontology training is offered to caregivers in many Latin American countries. In the ESCAP region, HelpAge Korea pioneered a pilot project, at first in the Republic of Korea and subsequently in all 10 member countries of the Association of Southeast Asian Nations, which provided training to volunteers in basic elderly care and deployed them to places where the public health infrastructure was not available or unable to respond to the health or social service needs of older persons. While most ESCWA member countries realize the importance of conducting training programmes aimed at enhancing and upgrading the skills of the concerned personnel, few have initiated such programmes owing to existing financial constraints. Concerned personnel in the public and private sectors in Egypt, Jordan, Iraq, Lebanon, Qatar and Yemen have benefited from such training.

C. Ensuring enabling and supportive environments

25. Strengthening the independence of older persons requires housing and surroundings that permit them to age successfully at home. Housing conditions must be functional and allow older persons to access services that enable them to live at home as long as possible.

26. Programmes on health, housing and well-being are common throughout all regions, ranging from those which pay increasing attention to the quality of residences for older persons to others which offer health and ageing training to persons who take care of older, ill or disabled family members. Most of these initiatives, in addition to ensuring the health and well-being of older persons, have benefited and supported the integration of other social groups, such as persons with disabilities. For example, ECE member States pay increasing attention to the quality of care in both the institutional and home context by creating quality standards and raising awareness of abuse of older persons.

27. In-home care is only a recent addition to the public agenda of ECLAC member States but it is already attracting attention and interest from public and private agencies. There have been interesting experiences in this area in Argentina with the national home care programme of the Ministry of Social Development and in Costa Rica with the "Building bonds of solidarity" programme of the National Council for Older Persons. Since 2002, many initiatives to prevent abuse of and violence against older persons have been promoted; for example, in Peru, the socio-legal aid services established within local governments to prevent abuse and ensure human rights of older persons; in Argentina, the programme for prevention of discrimination, abuse and violence against older persons; in the Dominican Republic, the specialized service offered by the Office of the Prosecutor in coordination with the National Counsel of Elderly to respond to complaints and charges; in Brazil, the establishment of specialized social assistance centres to provide assistance to victims of violence; and in Honduras, the services provided by the Office of the Prosecutor for the consumer and older persons in defence of human rights.

28. With regard to the housing environment for older persons in Asia and the Pacific, the overall physical environment in relatively economically advanced countries is increasingly becoming more age friendly compared to a few years ago. For example, the construction of barrier-free housing for those with disabilities and the installation of suitable appliances and adaptations at home are being encouraged in many countries. At the community level, facilities (e.g., daily shopping and recreation) and services (e.g., health and social care) are increasingly located within walking distance and access to them is made easier (e.g., in Malaysia, Singapore and Thailand). Some countries, including Malaysia, are seeking to ensure safe and crime-free communities for older persons, who can be targeted and potentially exposed to abuse or mistreatment. To the extent that affordability is assured, some countries subsidize low-cost apartments or rental discounts and reserve ground units for older persons (e.g., Hong Kong (China) and Singapore).

29. Most countries in the ECE region provide benefits to persons who take care of an older, ill or disabled family member. Such support of informal care can encompass necessary services for the client and compensation, leave and support services for the caregiver. Family hospice leave, respite care, caregiver pensions and, especially, day-care centres are frequently mentioned. Day-care centres enable families to care for frail elderly parents at home and to continue with regular work and family responsibilities. In addition, respite care enables family caregivers to go on holiday, take care of their personal health or simply rest. Numerous countries stress the importance of a work/life balance and gender equality. Most of them have set in place benefit and support systems for families, helping to meet both material and non-material needs.

30. A few countries in the ESCAP region, including Australia, Hong Kong (China), New Zealand and Singapore, provide family caregivers with various forms of support, including counselling, training in caring skills and all types of respite services. Tax incentives are also offered in some countries to children and grandchildren who take care of parents or grandparents. These and other types of interventions are growing in importance in promoting well-being through "ageing in place". Furthermore, because home care is less expensive than institutional care, some countries are promulgating social directives aimed at promoting a family-oriented culture of caregiving. Interventions by publicly and privately supported

civil society groups to prevent mistreatment, abuse and even violence are on the rise in the ESCAP region.

31. ESCWA member countries have taken measures to improve the physical, social, psychological, family and economic environment and situation of older persons. To this end, some countries have introduced the "substitute family programme" and other programmes to bridge the intergenerational gap, such as utilizing the capabilities of older persons in providing special lessons to students or teaching in programmes for the eradication of illiteracy. Older persons are both involved and participate in decision-making processes at the institutional and/or committee levels. In many countries, programmes of action are jointly discussed with the leadership of the non-governmental organizations and institutions for older persons prior to implementation. Further, recreational clubs for older persons are commonly used as channels of empowerment, advocacy and recognition. In many countries of the region, ageing people continue to assume primary roles within the community councils, particularly Bedouin and tribal councils.

III. Contributions of the regional commissions to the regional implementation of the Madrid Plan of Action

32. The regional commissions have carried out a range of activities to foster the implementation of the Madrid Plan of Action, including: technical assistance to support the creation of regional implementation strategies and the application of the Plan of Action to regional action plans; coordination of regional review and appraisal activities; and collection and diffusion of information related to the quality of life of older people. However, the financial and human resources to support the implementation, follow-up and assessment of the Plan of Action are insufficient to respond to the increasing demands made by member States.

33. The regional commissions have continued to strengthen collaboration and coordination in the implementation of the Madrid Plan of Action with other United Nation agencies, such as the Department of Economic and Social Affairs of the United Nations Secretariat, the United Nations Fund for Population Activities (UNFPA), the World Health Organization and the Pan-American Health Organization. Partnerships with other non-governmental organizations have also been increased to reinforce specific areas of the Plan. In line with Commission for Social Development resolution 44/1, during 2007 there has been a coordination of efforts with member States in the conduct of regional review and appraisal activities.

34. ECLAC has provided technical assistance to countries in the region in developing mechanisms for implementation of the Madrid Plan of Action and its regional strategy. To strengthen regional and national capacities, ECLAC has conducted several courses and workshops, in collaboration also with intergovernmental agencies and institutions. ECLAC has provided technical support to respond to the specific implementation needs of member States, such as country analysis of census data on ageing; country assessment for the elaboration of a national policy on ageing; and the development of technical material, such as the handbook of indicators of the quality of life of older persons and the guide for the participative assessment of programmes for older people. The second Intergovernmental Regional Conference on Ageing to review and appraise national

activities in the implementation of the Plan of Action and its regional strategy will be held in Brasilia, from 4 to 6 December 2007, organized by ECLAC in collaboration with the Government of Brazil. ECLAC activities are permanently supported by UNFPA.

35. In special reference to the coordination of activities on ageing, ECA is actively engaged, in partnership with the Department of Economic and Social Affairs and the other regional commissions, in the review and appraisal of the Madrid Plan of Action. It has participated in activities organized by the Department and the regional commissions to chart out the modalities for that review and appraisal. In this regard, ECA is producing a comprehensive report on ageing in Africa in 2007. This report, together with 10 case reports from selected countries, based on the bottom-up participatory approach, will be presented to and discussed during an expert group meeting convened in 2007. The outcome of the meeting will be a more consolidated follow-up report on the implementation in Africa of the Plan of Action.

36. The first five-year cycle of the review and appraisal of the Madrid Plan of Action in the ECE region will conclude with the Ministerial Conference on Ageing, scheduled to be held in León, Spain, from 6 to 8 November 2007. The Ministerial Conference will consider the findings of national reviews, share experiences and good practice and identify priorities for future action in the form of a ministerial declaration. To support the regional implementation process, the secretariat has organized a meeting of national focal points on ageing, a capacity-building workshop for ageing-related work by governmental and UNFPA focal points in Eastern and South-Eastern Europe, the Caucasus and Central Asia, and a joint meeting of the expert group and the task force for monitoring the regional implementation strategy for the implementation of the Madrid Plan of Action.

37. In the light of its mandate to strengthen the integration of population factors in regional development planning efforts, ESCAP held a series of training workshops on the nexus between persistent low fertility and increasing longevity, a combination that creates ageing societies. The primary objective of the training workshops was to provide national planners and policymakers with a better understanding of the interlinkages among population variables, poverty and development, and why it was important to develop a strategic poverty reduction policy that integrated population concerns — such as ageing — with development. Since 2004, ESCAP and UNFPA have collaborated in the conduct of three subregional training workshops, with a fourth to be organized in September 2007, and in a national workshop convened in cooperation with the Government of Myanmar. The results of the first cycle of the review and appraisal of the Madrid Plan of Action in the ESCAP region will be analysed at the regional conference to be held in Macao, China, from 6 to 8 October 2007.

38. ESCWA has and continues to organize and participate in relevant meetings and conferences at the regional and international levels. Through a number of advocacy and capacity-building meetings on the changing age structure of the population, ESCWA continues to advocate, support and strengthen population and ageing-related development goals. Five years after the adoption of the Madrid Plan of Action, ESCWA will organize a regional seminar to review and monitor the progress made at the country level and conduct a stocktaking of lessons learned at the regional level.

39. In reference to data analysis of ageing populations, the ECLAC subregional headquarters for the Caribbean has conducted a four-country analysis of the most recent census data on ageing, economic security, living arrangements and health and well-being (Antigua and Barbuda, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago). ESCAP, in addition to organizing expert group meetings and training workshops, collected information from 20 countries in the region through a survey launched in 2005 and conducted bottom-up participatory research in six countries between 2004 and 2006 (Bangladesh, China, Japan, India, Indonesia and Sri Lanka). In addition, ESCAP plays a pivotal role in addressing the issue of population ageing in the context of rapidly changing demographic realities of the Asian and Pacific region. The activities of ESCAP in this area are aimed at increasing awareness and understanding, through research and information dissemination, of how the phenomenon would pose burdens on financial and social support and health care. ESCAP will also work closely with its members and associate members to formulate a regional policy framework and strategies to tackle problems of ageing society.

IV. Future action for the implementation of the Madrid Plan of Action at the regional level

40. The information provided by the regional commissions highlights that the implementation of the Madrid Plan of Action at the regional level is primarily linked with the increased provision of social security coverage for older persons and their families. To achieve health and social well-being in old age, greater emphasis should be placed on guaranteeing income security and universal and equal access to basic health-care services for older adults.[5]

41. Ageing should be integrated more fully into development policies at the regional, national and local levels. Although the countries in which ageing is an established trend have given attention to the needs of older persons, in other regions of the world population ageing and its social and economic consequences are not receiving the attention they deserve from policymakers. As mentioned in previous reports and in General Assembly resolutions, limited attention was given to ageing concerns in the United Nations Millennium Declaration, the Millennium Development Goals and the 2005 World Summit Outcome. Although the objective to reduce poverty by one half by 2015 and many other objectives have an inherent intergenerational character, it is essential to take into account and consider both the social and economic repercussions of demographic ageing, as well as the needs of older persons, in order to reach the Millennium Development Goals.[6]

42. The construction of a society for all ages has to be the overarching framework of reference for ageing and development policy planning, taking into account that currently demographic trends, epidemiologic transition and efforts to achieve the Millennium Development Goals (particularly that of reducing poverty) impact all

[5] See the report of the Secretary-General on monitoring of population programmes, focusing on the changing age structures of populations and their implications for development (E/CN.9/2007/4) and *World Economic and Social Survey 2007: Development in an Ageing World* (United Nations publication, Sales No. E.07.II.C.1).

[6] See the report of the Secretary-General on the follow-up to the Second World Assembly on Ageing (A/60/151).

members of society, regardless of age. As stated in the report of the Secretary-General (E/CN.9/2007/4) to the Commission on Population and Development at its fortieth session, the facilitation of policy development and programme planning would assist concerned groups in formulating comprehensive approaches to addressing the challenges of young people and population ageing and to meeting the needs of both young and old, especially the most vulnerable, including the poor and frail, particularly women.

43. The inability to obtain sufficient financial resources is an obstacle to the implementation of policies and initiatives to address population ageing. One of the main challenges identified by ECE is the financial sustainability of health care and pension systems as the old age dependency ratio increases. Inadequate allocation of funds, public or private, and difficulties in acquiring expertise and knowledge have also hindered the efforts of Asian and Pacific Governments to develop schemes for more effective interventions to meet the growing demands of an older population. Along these lines, Latin American and Caribbean countries consider the viability of achieving their priorities for the incorporation of ageing issues in national budgets to be highly dependent on adequate financing. ECA reporting States also identified the need for financial resources to manage the challenges of ageing, and many non-Gulf countries in the ESCWA region have attributed the slow implementation of the Madrid Plan of Action to low levels of public expenditure that lead to insufficient funds to cover the health requirements of and provision of services to older persons, among other obstacles.

44. Since the convening of the first World Assembly on Ageing in 1982, the need to strengthen the collection of regional and national data on and the comparative analysis of ageing has been underlined; however, the resources available vary considerably among regions. It is essential to strengthen social, demographic and epidemiological data sources in order to illustrate subregional differences in ageing. The regional commissions can play an important role in achieving better comparative data and indicators, improving data sources and diffusing the results of such endeavours.

45. In addition, each regional commission should address regional specificities in advancing the implementation of the Madrid Plan of Action at the regional level. In the ECA region, the family institution which used to take care of all members, including older persons, has continued to break down as a result of increased migration (especially from rural to urban areas), urbanization, social and political instability and HIV/AIDS. With regard to HIV/AIDS, older persons have found themselves losing the support of their children who are either taken sick by HIV/AIDS or dead from the same disease. They become the income earners and the supporters and active caregivers of their children and grandchildren. In Africa, additional causes of concern are the situation of older women, and the coverage and quality of health care for older people.

46. The family is considered to assume a vital role in the care and support of ageing people in the ESCWA region, a matter well reflected in the respective constitutions and legislation of member States. This consequently leads to prioritizing support by the family, including enhancing the ability of relatives to take care of older persons within the family environment in order to improve the development and quality of life of older persons. Of particular relevance to Arab

countries is how to mainstream issues specific to older women across ageing policy fields, from the design to the implementation of programmes.

47. Within the ESCAP region, there are wide disparities among countries in the levels of ageing. In societies in which ageing has already advanced, continued employment of older persons in the labour force has been considered a viable option for sustaining the social security system. The challenges concerning population ageing will be especially serious for many developing countries in the region as they face simultaneously a demographic shift and the need for economic development. It is crucial for those countries in which a large segment of the population is currently in the prime working ages to use such a demographic window as an opportunity for human and financial investment in preparation for the ageing societies which will eventually arrive.

48. One of the central challenges for the future in ECE countries is the adjustment of the labour market: finding a work/life balance and extending the working age as populations grow older. Member States and civil society are also recognizing the need to tackle the problems of elder abuse and age discrimination. They furthermore acknowledge a common responsibility to promote awareness of the Madrid Plan of Action and build capacities in the countries of the region that are less active in the area of ageing, which is partly a reflection of regional differences in the level and pace of ageing.

49. In addition to identifying fiscal concerns and long-term care as priority areas for the future implementation of the Plan of Action in Western Asia, ESCWA reports that several added challenges stand in the way of further advances, such as the uncertain security situation in Iraq and Lebanon, the disabling environment for full employment and decent work since the unemployment level in Arab countries is very high, and the challenge of maintaining intergenerational dialogue and solidarity through family cohesion.

50. In the ECLAC region, it is necessary to strengthen and amplify social protection systems and incorporate in them the specific needs of older adults and other sectors of the population. This includes extending social security coverage to those sectors that do not meet the requirements for access to a contributory pension, improving access to and provision of health care in order to address the epidemiological changes resulting from ageing, and consolidating the actions that strengthen solidarity across generations.

V. Recommendations for future action

51. The Commission for Social Development may wish to consider the analysis of regional perspectives on the implementation of the Madrid International Plan of Action on Ageing contained in the present report and make appropriate recommendations to the General Assembly for future priority actions at the regional level to respond to the new and emerging challenges and opportunities arising from population ageing process and its changing dynamics.

52. **The Commission may wish to recommend to Member States the establishment of specific priorities for the implementation of the Madrid Plan of Action at the regional level with the objective of incorporating regional perspectives and reformulating priorities in the light of the experience gained**

and lessons learned. Even though implementation strategies have in the past been set up according to regional characteristics, a structured approach to and networks for the implementation of the recommendations of the Madrid Plan of Action would enable more efficient national action and support from the regional commissions and other relevant institutional stakeholders.

53. Given the significance of national capacity-building for responding to the increasing demand of ageing societies in the heterogeneity of country contexts, **the Commission may wish to recommend strengthening capacity-building in the field of ageing and the exchange of experiences and good practices in the priority areas of the Plan, across regions and countries, as well as within regions, utilizing the forum offered by the regional commissions and their catalytic role.**

54. **The Commission may also wish to recommend to the regional commissions and other international and intergovernmental organizations redoubling of their efforts in regard to coordination and collaboration, both to increase efficiency and maximize the use of resources. As well, particular attention might be recommended as regards coordination with the Global Programme on Ageing in order to avoid duplication and achieve complementarity of efforts.**

55. Recognizing that the profound demographic changes occurring throughout the world should be given full consideration as an essential component of development and of achieving the internationally agreed development goals and that older persons should play an important role in the realization of the objectives of the Millennium Development Goals, **the Commission may wish to recommend to Member States that the intergenerational perspective and situation of older persons be incorporated in national, regional and global reports on the progress made towards achieving the internationally agreed development goals and the Millennium Development Goals.**